

Resubmitted 21 MAR 2005

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL 10/528404 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4		2		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10						
11		2		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
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TOTAL IND.	4		4			
TOTAL DEP.	13		20			
TOTAL CLAIMS	17		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						